

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Wyoming Republican Party, Inc.

ADDRESS (number and street)

400 E. First St., Suite 314

☐Check if different
than previously
reported. (ACC)

Casper

WY

82601

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00005785

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2009

through

02

28

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Donna Robitaille

Signature of Treasurer

Electronically Filed by Ms. Donna Robitaille

Date

03

20

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Wyoming Republican Party, Inc.

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		134735.44
(b) Cash on Hand at Beginning of Reporting Period	120927.95	
(c) Total Receipts (from Line 19)	9035.68	16448.88
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	129963.63	151184.32
7. Total Disbursements (from Line 31)	28443.65	49664.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	101519.98	101519.98
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Wyoming Republican Party, Inc.

Report Covering the Period:

From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4165.00	6365.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	4870.68	9936.68
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	9035.68	16301.68
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➡	9035.68	16301.68
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	147.20
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9035.68	16448.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9035.68	16448.88

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	28443.65	47269.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	28443.65	47269.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	1000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	1394.55
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	1394.55
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	28443.65	49664.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28443.65	49664.34

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	9035.68	16301.68
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9035.68	16301.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	28443.65	47269.79
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	147.20
38. Net Operating Expenditures (subtract Line 37 from Line 36)	28443.65	47122.59

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

William Andrews

Mailing Address PO Box 7467

City

Jackson

State

WY

Zip Code

83002-7467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 2 / 2 0 0 9

Transaction ID: 90217.C45549

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Ralph Gill

Mailing Address PO Box 128

City

Jackson

State

WY

Zip Code

83001-0128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Rancher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 3 / 2 0 0 9

Transaction ID: 90217.C45571

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Susan Gore

Mailing Address 1740H Dell Range Blvd # 509

City

Cheyenne

State

WY

Zip Code

82009-4946

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90217.C45663

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

Claudia Nettle

Mailing Address 970 W Broadway

City

Jackson

State

WY

Zip Code

83001-9475

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 0 / 2 0 0 9

Transaction ID: 90217.C45597

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mathew Reno

Mailing Address PO Box 399

City

Gillette

State

WY

Zip Code

82717-0399

FEC ID number of contributing
federal political committee.

C

Name of Employer
Floyd C. Reno & Sons, Inc

Occupation
Rancher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 2 / 2 0 0 9

Transaction ID: 90217.C45544

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Gerald Russell

Mailing Address PO Box 4000
1604 California Street

City

Rawlins

State

WY

Zip Code

82301-0479

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gerald Russell, Attorney
At La

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 8 / 2 0 0 9

Transaction ID: 90218.C45671

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

Dick Scarlett

Mailing Address PO Box 12139

City

Jackson

State

WY

Zip Code

83002-2139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson State Bank

Occupation
Banker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 0 / 2 0 0 9

Transaction ID: 90217.C45603

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Thomas Thorson

Mailing Address PO Box 9

City

Mills

State

WY

Zip Code

82644-0009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Black Hills Bentonite Co.

Occupation
Business Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 3 / 2 0 0 9

Transaction ID: 90217.C45560

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Jerrilyn Wall

Mailing Address 142 Springbrook Dr

City

Evanston

State

WY

Zip Code

82930-4775

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wall Consulting

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 0 / 2 0 0 9

Transaction ID: 90217.C45640

Amount of Each Receipt this Period

15.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1515.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

Jerrilyn Wall

Mailing Address 142 Springbrook Dr

City

Evanston

State

WY

Zip Code

82930-4775

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wall Consulting

Occupation

Consultant

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 0 9

Transaction ID: 90217.C45598

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

4165.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 / 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

Pitney Bowes Copier

Mailing Address PO Box 85390

City
LouisvilleState
KYZip Code
40285-5390Purpose of Disbursement
Postage for office

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90320.E7948

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	4	/	2	0	0	9

Amount of Each Disbursement this Period

29.71

POSTAGE FOR OFFICE

B.

Full Name (Last, First, Middle Initial)

Qwest

Mailing Address PO Box 173638

City
DenverState
COZip Code
80217-3638Purpose of Disbursement
Telephone for office

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90320.E7972

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	0	9

Amount of Each Disbursement this Period

269.38

TELEPHONE FOR OFFICE

C.

Full Name (Last, First, Middle Initial)

Hilltop Natl Bank - Tax

Mailing Address PO Box 2680

City
CasperState
WYZip Code
82602-2680Purpose of Disbursement
Payroll taxes

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90320.E7960

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	4	/	2	0	0	9

Amount of Each Disbursement this Period

1449.22

PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional)

1748.31

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 24

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

Hilltop Natl Bank - Tax

Mailing Address PO Box 2680

City
Casper

State
WY

Zip Code
82602-2680

Purpose of Disbursement

Payroll taxes

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 90320.E7961

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1449.22

PAYROLL TAXES

B.

Full Name (Last, First, Middle Initial)

Little America

Mailing Address PO Box 1529

City
Cheyenne

State
WY

Zip Code
82003-1529

Purpose of Disbursement

Central committee meeting snacks

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 90320.E7967

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

**CENTRAL COMMITTEE MEETING
SNACKS**

C.

Full Name (Last, First, Middle Initial)

Little America

Mailing Address PO Box 1529

City
Cheyenne

State
WY

Zip Code
82003-1529

Purpose of Disbursement

Central committee meeting room

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 90320.E7962

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1489.02

**CENTRAL COMMITTEE MEETING
ROOM**

SUBTOTAL of Disbursements This Page (optional)

3088.24

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

Little America

Mailing Address PO Box 1529

City
Cheyenne

State
WY

Zip Code
82003-1529

Purpose of Disbursement
Room for central committee mtg. tra

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E7965

Date of Disbursement

/ /

Amount of Each Disbursement this Period

103.40

ROOM FOR CENTRAL COMMITTEE
MTG. TRA

B.

Full Name (Last, First, Middle Initial)

Little America

Mailing Address PO Box 1529

City
Cheyenne

State
WY

Zip Code
82003-1529

Purpose of Disbursement
Room for central committee mtg. tra

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E7966

Date of Disbursement

/ /

Amount of Each Disbursement this Period

103.40

ROOM FOR CENTRAL COMMITTEE
MTG. TRA

C.

Full Name (Last, First, Middle Initial)

Direct Mail Systems, Inc.

Mailing Address 12450 Automobile Blvd

City
Clearwater

State
FL

Zip Code
33762-4427

Purpose of Disbursement
Direct mail fundraising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E7952

Date of Disbursement

/ /

Amount of Each Disbursement this Period

480.00

DIRECT MAIL FUNDRAISING

SUBTOTAL of Disbursements This Page (optional)

686.80

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 / 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A. Full Name (Last, First, Middle Initial) Direct Mail Systems, Inc.	Transaction ID: 90320.E7951 Date of Disbursement																				
Mailing Address 12450 Automobile Blvd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	9												
City Clearwater State FL Zip Code 33762-4427	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct mail fundraising Candidate Name	<table border="1"> <tr> <td colspan="10">2448.41</td> </tr> </table>	2448.41																			
2448.41																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type DIRECT MAIL FUNDRAISING																					
B. Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 90320.E7949 Date of Disbursement																				
Mailing Address PO Box 9622	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	9												
City Mission Hills State CA Zip Code 91346-9622	Amount of Each Disbursement this Period																				
Purpose of Disbursement Cell phone expense Candidate Name	<table border="1"> <tr> <td colspan="10">154.88</td> </tr> </table>	154.88																			
154.88																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type CELL PHONE EXPENSE																					
C. Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 90320.E7950 Date of Disbursement																				
Mailing Address PO Box 9622	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	9												
City Mission Hills State CA Zip Code 91346-9622	Amount of Each Disbursement this Period																				
Purpose of Disbursement Cell phone expense Candidate Name	<table border="1"> <tr> <td colspan="10">88.72</td> </tr> </table>	88.72																			
88.72																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type CELL PHONE EXPENSE																					

SUBTOTAL of Disbursements This Page (optional)

2692.01

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

McCauley & Associates, P.C.

Mailing Address P.O. Box 27762

City
Salt Lake City

State
UT

Zip Code
84127-

Purpose of Disbursement
Accounting & reporting services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E7955

Date of Disbursement

/ /

Amount of Each Disbursement this Period

ACCOUNTING & REPORTING SE-
RVICES

B.

Full Name (Last, First, Middle Initial)

Killmer & Associates

Mailing Address 302 South David Street, Suite 100

City
Casper

State
WY

Zip Code
82601-

Purpose of Disbursement
Payroll services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E7973

Date of Disbursement

/ /

Amount of Each Disbursement this Period

PAYROLL SERVICES

C.

Full Name (Last, First, Middle Initial)

Cardmember Services

Mailing Address PO Box 790408

City
Saint Louis

State
MO

Zip Code
63179-0408

Purpose of Disbursement
Credit card payment see below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E7980

Date of Disbursement

/ /

Amount of Each Disbursement this Period

CREDIT CARD PAYMENT SEE
BELOW

SUBTOTAL of Disbursements This Page (optional)

2027.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

Delta Airlines

Mailing Address PO Box 20706

City
Atlanta

State
GA

Zip Code
30320-6001

Purpose of Disbursement
Travel expense - airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90320.E7983

Date of Disbursement

02 / 18 / 2009

Amount of Each Disbursement this Period

300.82

[MEMO ITEM]

MEMO: TRAVEL EXPENSE - AIRFARE

B.

Full Name (Last, First, Middle Initial)

Hilton Hotel

Mailing Address 1150 North Poplar Street

City
Casper

State
WY

Zip Code
82601-

Purpose of Disbursement
Hotel for travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90320.E7984

Date of Disbursement

02 / 18 / 2009

Amount of Each Disbursement this Period

256.48

[MEMO ITEM]

MEMO: HOTEL FOR TRAVEL

C.

Full Name (Last, First, Middle Initial)

Alecia Klostermann

Mailing Address 819 E 4th Street B

City
Casper

State
WY

Zip Code
82601-

Purpose of Disbursement
Mileage reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90320.E7963

Date of Disbursement

02 / 10 / 2009

Amount of Each Disbursement this Period

276.40

MILEAGE REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)

276.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

Alecia Klostermann

Mailing Address 819 E 4th Street B

City
Casper

State
WY

Zip Code
82601-

Purpose of Disbursement
Employee salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E7956

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1112.47

EMPLOYEE SALARY

B.

Full Name (Last, First, Middle Initial)

Alecia Klostermann

Mailing Address 819 E 4th Street B

City
Casper

State
WY

Zip Code
82601-

Purpose of Disbursement
Employee salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E7957

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1112.47

EMPLOYEE SALARY

C.

Full Name (Last, First, Middle Initial)

Amy Larimer

Mailing Address PO Box 610

City
Teton Village

State
WY

Zip Code
83025-0610

Purpose of Disbursement
MEMO ENTRIES: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E7979

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1065.92

MEMO ENTRIES: SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

3290.86

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

Hilton Hotel

Mailing Address 1150 North Poplar Street

City State Zip Code
Casper WY 82601-

Purpose of Disbursement
Hotel for travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E7986

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1065.92

[MEMO ITEM]

MEMO: HOTEL FOR TRAVEL

B.

Full Name (Last, First, Middle Initial)

Amy Larimer

Mailing Address PO Box 610

City State Zip Code
Teton Village WY 83025-0610

Purpose of Disbursement
Mileage reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E7987

Date of Disbursement

/ /

Amount of Each Disbursement this Period

356.11

MILEAGE REIMBURSEMENT

C.

Full Name (Last, First, Middle Initial)

Amy Larimer

Mailing Address PO Box 610

City State Zip Code
Teton Village WY 83025-0610

Purpose of Disbursement
Employee salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E7953

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1951.75

EMPLOYEE SALARY

SUBTOTAL of Disbursements This Page (optional)

2307.86

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

Amy Larimer

Mailing Address PO Box 610

City
Teton Village

State
WY

Zip Code
83025-0610

Purpose of Disbursement

Employee salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E7954

Date of Disbursement

02 / 26 / 2009

Amount of Each Disbursement this Period

1951.75

EMPLOYEE SALARY

B.

Full Name (Last, First, Middle Initial)

Jan Larimer

Mailing Address PO Box 610

City
Teton Village

State
WY

Zip Code
83025-0610

Purpose of Disbursement

MEMO ENTRIES: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E7981

Date of Disbursement

02 / 18 / 2009

Amount of Each Disbursement this Period

1696.21

MEMO ENTRIES: SEE BELOW

C.

Full Name (Last, First, Middle Initial)

Delta Airlines

Mailing Address PO Box 20706

City
Atlanta

State
GA

Zip Code
30320-6001

Purpose of Disbursement

Travel expense - airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E7988

Date of Disbursement

02 / 18 / 2009

Amount of Each Disbursement this Period

670.29

[MEMO ITEM]

MEMO: TRAVEL EXPENSE - AIRFARE

SUBTOTAL of Disbursements This Page (optional)

3647.96

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

Hilton Hotel

Mailing Address 1150 North Poplar Street

City State Zip Code
Casper WY 82601-

Purpose of Disbursement
Hotel for travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E7989

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

MEMO: HOTEL FOR TRAVEL

B.

Full Name (Last, First, Middle Initial)

Joe Milczewski

Mailing Address 4012 Darby

City State Zip Code
Cheyenne WY 82001-

Purpose of Disbursement
Contract labor

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E7946

Date of Disbursement

/ /

Amount of Each Disbursement this Period

CONTRACT LABOR

C.

Full Name (Last, First, Middle Initial)

Joe Milczewski

Mailing Address 4012 Darby

City State Zip Code
Cheyenne WY 82001-

Purpose of Disbursement
Contract labor

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E7947

Date of Disbursement

/ /

Amount of Each Disbursement this Period

CONTRACT LABOR

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

Evan Ridley

Mailing Address 4020 Washakie

City
Casper

State
WY

Zip Code
82609-

Purpose of Disbursement

Mileage reimbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 90320.E7964

Date of Disbursement

/ /

Amount of Each Disbursement this Period

210.76

MILEAGE REIMBURSEMENT

B.

Full Name (Last, First, Middle Initial)

Evan Ridley

Mailing Address 4020 Washakie

City
Casper

State
WY

Zip Code
82609-

Purpose of Disbursement

Employee salary

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 90320.E7958

Date of Disbursement

/ /

Amount of Each Disbursement this Period

985.42

EMPLOYEE SALARY

C.

Full Name (Last, First, Middle Initial)

Evan Ridley

Mailing Address 4020 Washakie

City
Casper

State
WY

Zip Code
82609-

Purpose of Disbursement

Mileage reimbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 90320.E7978

Date of Disbursement

/ /

Amount of Each Disbursement this Period

42.79

MILEAGE REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)

1238.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

Evan Ridley

Mailing Address 4020 Washakie

City
Casper

State
WY

Zip Code
82609-

Purpose of Disbursement
Employee salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E7959

Date of Disbursement

/ /

Amount of Each Disbursement this Period

985.42

EMPLOYEE SALARY

B.

Full Name (Last, First, Middle Initial)

Diana Vaughan

Mailing Address PO Box 9405

City
Jackson

State
WY

Zip Code
83002-9405

Purpose of Disbursement
Mileage reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E7976

Date of Disbursement

/ /

Amount of Each Disbursement this Period

687.25

MILEAGE REIMBURSEMENT

C.

Full Name (Last, First, Middle Initial)

Diana Vaughan

Mailing Address PO Box 9405

City
Jackson

State
WY

Zip Code
83002-9405

Purpose of Disbursement
Mileage reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E7974

Date of Disbursement

/ /

Amount of Each Disbursement this Period

796.10

MILEAGE REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)

2468.77

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

Diana Vaughan

Mailing Address PO Box 9405

City
Jackson

State
WY

Zip Code
83002-9405

Purpose of Disbursement
MEMO ENTRIES: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90320.E7982

Date of Disbursement

02 / 18 / 2009

Amount of Each Disbursement this Period

2093.20

MEMO ENTRIES: SEE BELOW

B.

Full Name (Last, First, Middle Initial)

Delta Airlines

Mailing Address PO Box 20706

City
Atlanta

State
GA

Zip Code
30320-6001

Purpose of Disbursement
Travel expense - airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90320.E7991

Date of Disbursement

02 / 18 / 2009

Amount of Each Disbursement this Period

806.89

[MEMO ITEM]

MEMO: TRAVEL EXPENSE - AIRFARE

C.

Full Name (Last, First, Middle Initial)

Hilton Hotel

Mailing Address 1150 North Poplar Street

City
Casper

State
WY

Zip Code
82601-

Purpose of Disbursement
Hotel for travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90320.E7990

Date of Disbursement

02 / 18 / 2009

Amount of Each Disbursement this Period

1286.31

[MEMO ITEM]

MEMO: HOTEL FOR TRAVEL

SUBTOTAL of Disbursements This Page (optional)

2093.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wyoming Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

Diana Vaughan

Mailing Address PO Box 9405

City
Jackson

State
WY

Zip Code
83002-9405

Purpose of Disbursement
Mileage Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E7975

Date of Disbursement

/ /

Amount of Each Disbursement this Period

138.16

MILEAGE REIMBURSEMENT

B.

Full Name (Last, First, Middle Initial)

Diana Vaughan

Mailing Address PO Box 9405

City
Jackson

State
WY

Zip Code
83002-9405

Purpose of Disbursement
Mileage reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90320.E7977

Date of Disbursement

/ /

Amount of Each Disbursement this Period

536.30

MILEAGE REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)

674.46

TOTAL This Period (last page this line number only)

28241.54

METHOD OF ALLOCATION FOR:

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
Wyoming Republican Party, Inc.

USE ONLY ONE SECTION, A or B**A. State and Local Party Committees****Fixed Percentage (select one)**

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- X Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐